

1342684



213/

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2006
Estimated average burden hours per response... 1

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DAT	E RECEI	VED					

Name of Offering ([] check if this is an amendment and name has changed, and in change.)	dicate
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 []	Section 4(6) [ ] ULOE
Type of Filing: [X] New Filing [] Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	OCT 2 8 2005
Enter the information requested about the issuer	FINANCIAL
Name of Issuer ([ ] check if this is an amendment and name has changed, and inc	dicate change.)
Cornerstone Real Commodity Analysis, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Tele (Including Area Code)	phone Number
One Station Place, 5 <sup>th</sup> Floor, Stamford, Connecticut, 06902 (203) 327-0888	

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code) (if different from Executive Offices)

~~~

- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:      | [X] Promoter [X                | ] Beneficial<br>Owner            | []      | Executive<br>Officer | [ ] Director [   | ] General and/or<br>Managing<br>Partner |
|--------------------------------|--------------------------------|----------------------------------|---------|----------------------|------------------|-----------------------------------------|
| Full Name (Last nar            | ne first, if individual)       | Cornerstone                      | Tradi   | ing Company          | y, Inc.          |                                         |
| Business or Resider            | nce Address (Numb              | er and Street,                   | City, S | tate, Zip Cod        | e)               |                                         |
| One Station Place,             | 5 <sup>th</sup> Floor, Stamfor | d, Connecticu                    | t 0690  | 2                    |                  |                                         |
| Check Box(es) that Apply:      | [X] Promoter [X                | ] Beneficial<br>Owner            | [ X ]   | Executive<br>Officer | [ ] Director [   | ] General and/or<br>Managing<br>Partner |
| Full Name (Last nar            | ne first, if individual        | Eckstein, Jo                     | hn      |                      |                  |                                         |
| Business or Resider            | nce Address (Numb              | er and Street,                   | City, S | tate, Zip Cod        | e)               |                                         |
| One Station Place,             | 5 <sup>th</sup> Floor, Stamfor | d, Connecticu                    | t 0690  | 2                    |                  |                                         |
| Check Box(es) that Apply:      | [X] Promoter [X                | ] Beneficial<br>Owner            | [ X ]   | Executive<br>Officer | [ ] Director [   | ] General and/or<br>Managing<br>Partner |
| Full Name (Last nar            | ne first, if individual        | Dunsby, Ada                      | ım      |                      |                  |                                         |
| Business or Resider            | nce Address (Numb              | er and Street,                   | City, S | tate, Zip Cod        | e)               |                                         |
| One Station Place,             | 5 <sup>th</sup> Floor, Stamfor | d, Connecticu                    | ıt 0690 | 2                    |                  |                                         |
| Check Box(es) that Apply:      | [ ] Promoter [ ]               | Beneficial<br>Owner              |         | Executive<br>Officer | [ ] Director [ ] | General and/or<br>Managing<br>Partner   |
| Full Name (Last nar            | me first, if individual        | )                                |         |                      |                  |                                         |
| Business or Reside             | nce Address (Numb              | er and Street,                   | City, S | tate, Zip Cod        | e)               |                                         |
| (Use blank sh                  | neet, or copy and u            | ıse additional                   | copie   | s of this she        | et, as necessar  | y.)                                     |
|                                |                                |                                  |         |                      |                  |                                         |
|                                | B. INFOR                       | MATION ABO                       | UT OF   | FERING               |                  |                                         |
| 1. Has the issuer so offering? |                                |                                  |         |                      |                  | Yes No<br>[][X]                         |
| 2. What is the minim           |                                | Iso in Appendi<br>will be accept |         |                      |                  | \$ 500,000*                             |

| or indir<br>with sa<br>broker<br>or dea<br>dealer | rectly, and alles of some or dealer. If more of the contraction of the | ny comn<br>ecurities<br>er regist<br>ore than<br>ay set fo | nission of<br>in the of<br>ered with<br>five (5)<br>rth the in | or simila<br>offering.<br>In the SE<br>persons<br>oformation | r remune<br>If a pers<br>C and/o<br>to be lis           | eration foon to be<br>on to be<br>r with a :<br>sted are :<br>at broke | or solicita<br>listed is<br>state or s<br>associate<br>or deale | ition of pi<br>an assoc<br>states, lis<br>ed persor | be paid ourchaser ciated pe the name of suc | s in conr<br>rson or a<br>ne of the | nection<br>agent of a<br>broker          |                                       | J |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|-------------------------------------|------------------------------------------|---------------------------------------|---|
| Full N                                            | ame (La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ist name                                                   | first, if i                                                    | ndividua                                                     | al)                                                     |                                                                        |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
| Busine                                            | ess or R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | esidenc                                                    | e Addre                                                        | ss (Num                                                      | ber and                                                 | Street, (                                                              | City, Stat                                                      | e, Zip Co                                           | ode)                                        |                                     |                                          |                                       |   |
| Name                                              | of Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ciated E                                                   | Broker or                                                      | Dealer                                                       |                                                         |                                                                        |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
| (Chec<br>[AL]<br>[IL]<br>[MT]                     | k "All S<br>[AK]<br>[IN]<br>[NE]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | States" (<br>[AZ]<br>[IA]<br>[NV]                          | or checl<br>[AR]<br>[KS]<br>[NH]                               | k indivi<br>[CA]<br>[KY]<br>[NJ]                             | dual Sta<br>[CO]<br>[LA]<br>[NM]                        | ates)<br>[CT]<br>[ME]<br>[NY]                                          | [DE]<br>[MD]<br>[NC]                                            | it Purcha<br>[DC]<br>[MA]<br>[ND]                   | [FL]<br>[MI]<br>[OH]                        | [<br>[GA]<br>[MN]<br>[OK]           | ] All St<br>[HI]<br>[MS]<br>[OR]         | [ID]<br>[MO]<br>[PA]                  |   |
| [RI]                                              | [SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [SD]                                                       | [TN]                                                           | [TX]                                                         | [UT]                                                    | [VT]                                                                   | [VA]                                                            | [AW]                                                | [WV]                                        | [WI]                                | [WY]                                     | [PR]                                  |   |
| ***************************************           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                |                                                              |                                                         | <u> </u>                                                               |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                | `                                                            | iber and                                                | Street, (                                                              | Jity, Stat                                                      | e, Zip Co                                           | ode)                                        |                                     |                                          |                                       |   |
| Name                                              | of Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ciated E                                                   | Broker or                                                      | Dealer                                                       |                                                         |                                                                        |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                |                                                              | olicited or<br>dual Sta<br>[CO]<br>[LA]<br>[NM]<br>[UT] |                                                                        | to Solic<br>[DE]<br>[MD]<br>[NC]<br>[VA]                        | it Purcha<br>[DC]<br>[MA]<br>[ND]<br>[WA]           | sers<br>[FL]<br>[MI]<br>[OH]<br>[WV]        | [<br>[GA]<br>[MN]<br>[OK]<br>[WI]   | ] All St<br>[HI]<br>[MS]<br>[OR]<br>[WY] | tates<br>[ID]<br>[MO]<br>[PA]<br>[PR] |   |
| Full N                                            | ame (La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ist name                                                   | first, if i                                                    | ndividua                                                     | al)                                                     |                                                                        |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
| Busine                                            | ess or R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | esidenc                                                    | e Addre                                                        | ss (Num                                                      | ber and                                                 | Street, (                                                              | City, Stat                                                      | e, Zip Co                                           | ode)                                        |                                     |                                          |                                       |   |
| Name                                              | of Asso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ciated E                                                   | Broker or                                                      | Dealer                                                       |                                                         |                                                                        |                                                                 |                                                     |                                             |                                     |                                          |                                       |   |
| (Chec [AL] [IL] [MT] [RI]                         | k "A11 :<br>[AK]<br>[IN]<br>[NE]<br>[SC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | States"<br>[AZ]<br>[IA]<br>[NV]<br>[SD]                    | or checl<br>[AR]<br>[KS]<br>[NH]<br>[TN]                       | k indivi<br>[CA]<br>[KY]<br>[NJ]<br>[TX]                     | dual Sta<br>[CO]<br>[LA]<br>[NM]<br>[UT]                | ates)<br>[CT]<br>[ME]<br>[NY]<br>[VT]                                  | [DE]<br>[MD]<br>[NC]<br>[VA]                                    | it Purcha . [DC] [MA] [ND] [WA]                     | [FL] [MI] [OH] [WV]                         | [<br>[GA]<br>[MN]<br>[OK]<br>[WI]   | ] All St<br>[HI]<br>[MS]<br>[OR]<br>[WY] | tates<br>[ID]<br>[MO]<br>[PA]<br>[PR] |   |
|                                                   | `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | ŕ                                                              |                                                              |                                                         |                                                                        | •                                                               |                                                     | D USE O                                     |                                     |                                          |                                       |   |

3. Does the offering permit joint ownership of a single unit?....

Yes No

[X][]

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                                                                                         |                                                                       |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------|
| Type of Security  Debt  Equity  [ ] Common [ ] Preferred  Convertible Securities (including warrants)  Partnership Interests  Other (Specify Limited Liability Company Interests  Total  Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                          | Aggregate Offering Price \$ \$ \$ \$ \$ \$ *No Max *Rule 506 Offering | Amount Aiready Sold  \$ \$ \$ \$ \$_250,000 \$_250,000 ng     |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                                                                                      |                                                                       |                                                               |
| Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                          | Number<br>Investors<br>1<br>0<br>1                                    | Aggregate Dollar Amount of Purchases \$250,000 \$ 0 \$250,000 |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                                                                                                                                   |                                                                       |                                                               |
| Type of offering Rule 505 Regulation A Rule 504 Total                                                                                                                                                                                                                                                                                                                                                                                                                      | Type of Security                                                      | Dollar Amount Sold \$ \$ \$ \$                                |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees |                                                                       | ]\$<br>]\$<br>]\$<br>]\$<br>]\$                               |

| U.S.C. 1001 ) |               |
|---------------|---------------|
|               | U.S.C. 1001.) |

| E. STATE SIGNATURE                                                                                                    |                     |
|-----------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes No<br>[ ] [X ]" |
| See Appendix, Column 5, for state response.                                                                           |                     |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)                   | Signature                         |
|------------------------------------------|-----------------------------------|
| Cornerstone Real Commodity Analysis, LLC | adam Dursly 10/11/05              |
| Name of Signer (Print or Type)           | Title (Print or Type)             |
| Adam Dunsby                              | Principal of the Issuer's Manager |

## **APPENDIX**

| 1     | Intend to to non-accordinvestors (Part B-I | o sell<br>credited<br>in State | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                          |        |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |  |
|-------|--------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|------------------------------------------|--------|-----|----------------------------------------------------------------------------------------------------|--|--|
| State | Yes                                        | No                             |                                                                                  | Number of<br>Accredited<br>Investors | Amount                                                         | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                                                                                                 |  |  |
| AL    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |
| AK    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |
| AZ    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |
| AR    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |
| CA    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |
| СО    |                                            |                                |                                                                                  |                                      |                                                                |                                          |        |     |                                                                                                    |  |  |

| СТ |   |               |   |           |   |          |   |
|----|---|---------------|---|-----------|---|----------|---|
| DE |   |               |   |           |   |          |   |
| DC |   |               |   |           |   |          |   |
| FL |   |               |   |           |   |          |   |
| GA |   |               |   |           |   |          |   |
| HI |   |               |   |           |   |          |   |
| ID |   |               |   |           |   |          |   |
| ĪĹ | X | LLC Interests | 1 | \$250,000 | 0 | 0        | X |
| IN |   |               |   |           |   |          |   |
| ΙA |   |               |   |           |   |          |   |
| KS |   |               |   |           |   |          |   |
| KY |   |               |   |           |   |          |   |
| LA |   |               |   |           |   | <i>′</i> |   |
| ME |   |               |   |           |   |          |   |
| MD |   |               |   |           |   |          |   |
| MA |   |               |   |           |   |          |   |
| MI |   |               |   |           |   |          |   |
| MN |   |               |   |           |   |          |   |
| MS |   |               |   |           |   |          |   |
| МО |   |               |   |           |   |          |   |
| MT |   |               |   |           |   |          |   |
| NE |   |               |   |           |   |          |   |
| NV |   |               |   |           |   |          |   |
| NH |   |               |   |           |   |          |   |
| NJ |   |               |   |           | ` |          |   |
| NM |   |               |   |           |   |          |   |
| NY |   |               |   |           |   |          |   |
|    |   |               |   |           |   |          |   |
| NC |   |               |   |           |   |          |   |
| ND |   |               |   |           |   |          |   |
| ОН |   |               |   |           |   |          |   |
| ОК |   |               |   |           |   |          |   |
| OR |   |               |   |           |   |          |   |
| PA |   |               |   |           |   |          |   |
| RI |   |               |   |           |   |          |   |
| SC |   |               |   |           |   |          |   |
| SD |   |               |   |           |   |          |   |
| TN |   |               |   |           |   |          |   |
| TX |   |               |   |           |   |          |   |

| UT |  |  |  |  |  |
|----|--|--|--|--|--|
| VT |  |  |  |  |  |
| VA |  |  |  |  |  |
| WA |  |  |  |  |  |
| WV |  |  |  |  |  |
| WI |  |  |  |  |  |
| WY |  |  |  |  |  |
| PR |  |  |  |  |  |

<sup>\*</sup>Limited Liability Company Interests; \$500,000 minimum investment, Manager may, in its discretion accept smaller amounts. http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002